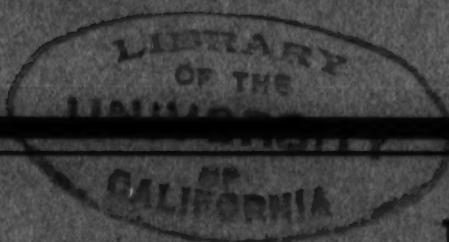


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NO. 12

THE CALIFORNIA ECLECTIC MEDICAL JOURNAL

Incorporating
THE LOS ANGELES JOURNAL OF ECLECTIC MEDICINE
AND THE CALIFORNIA MEDICAL JOURNAL

ISSUED MONTHLY

DECEMBER, 1914

O. C. WELBOURN, A. M., M. D., Editor

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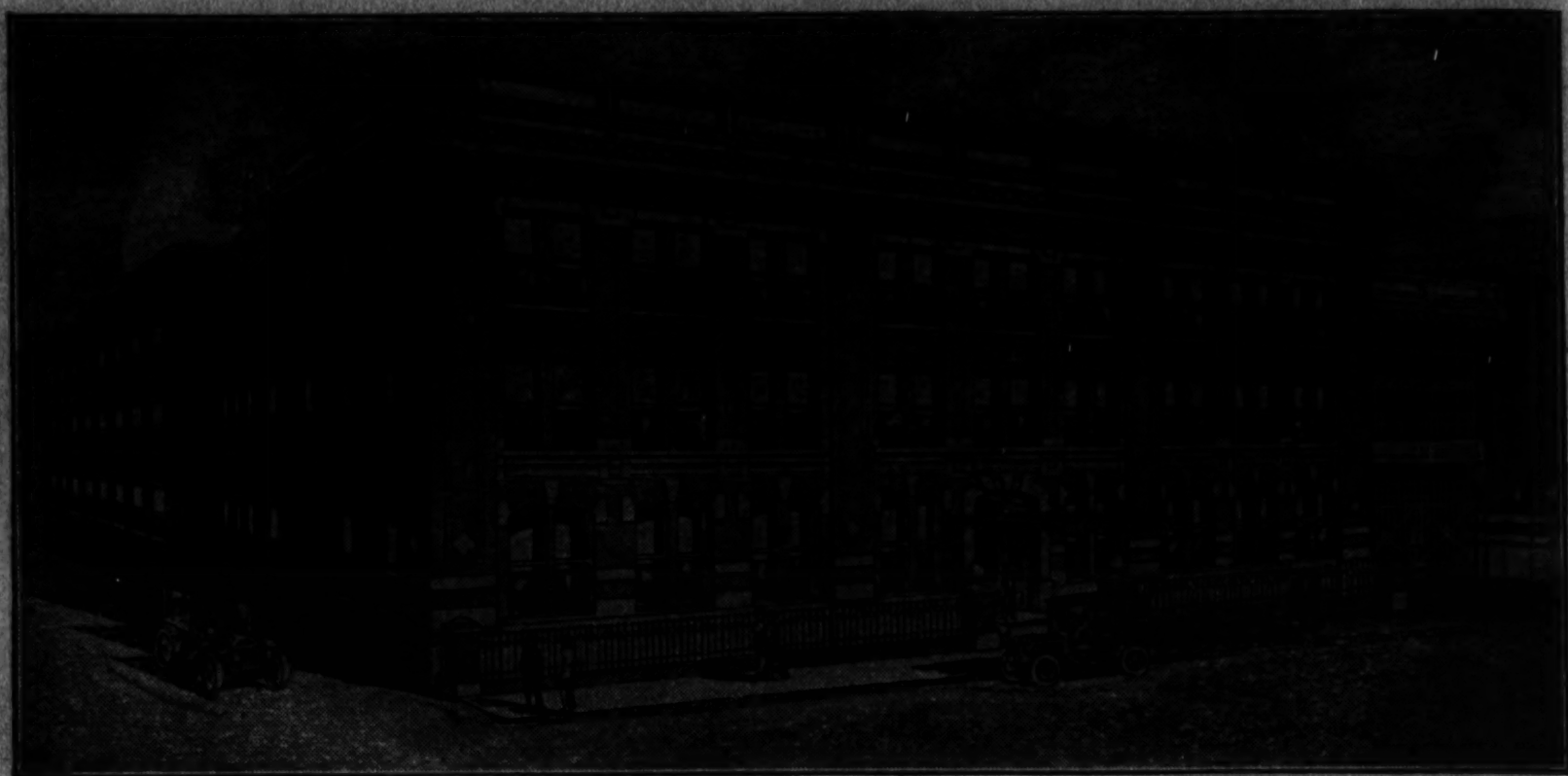
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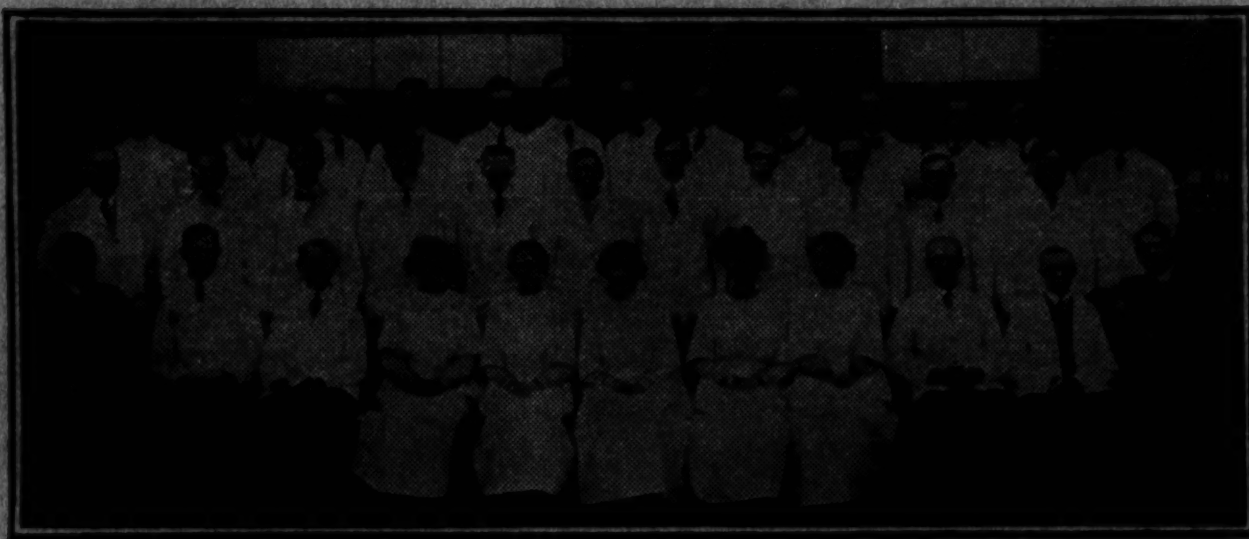
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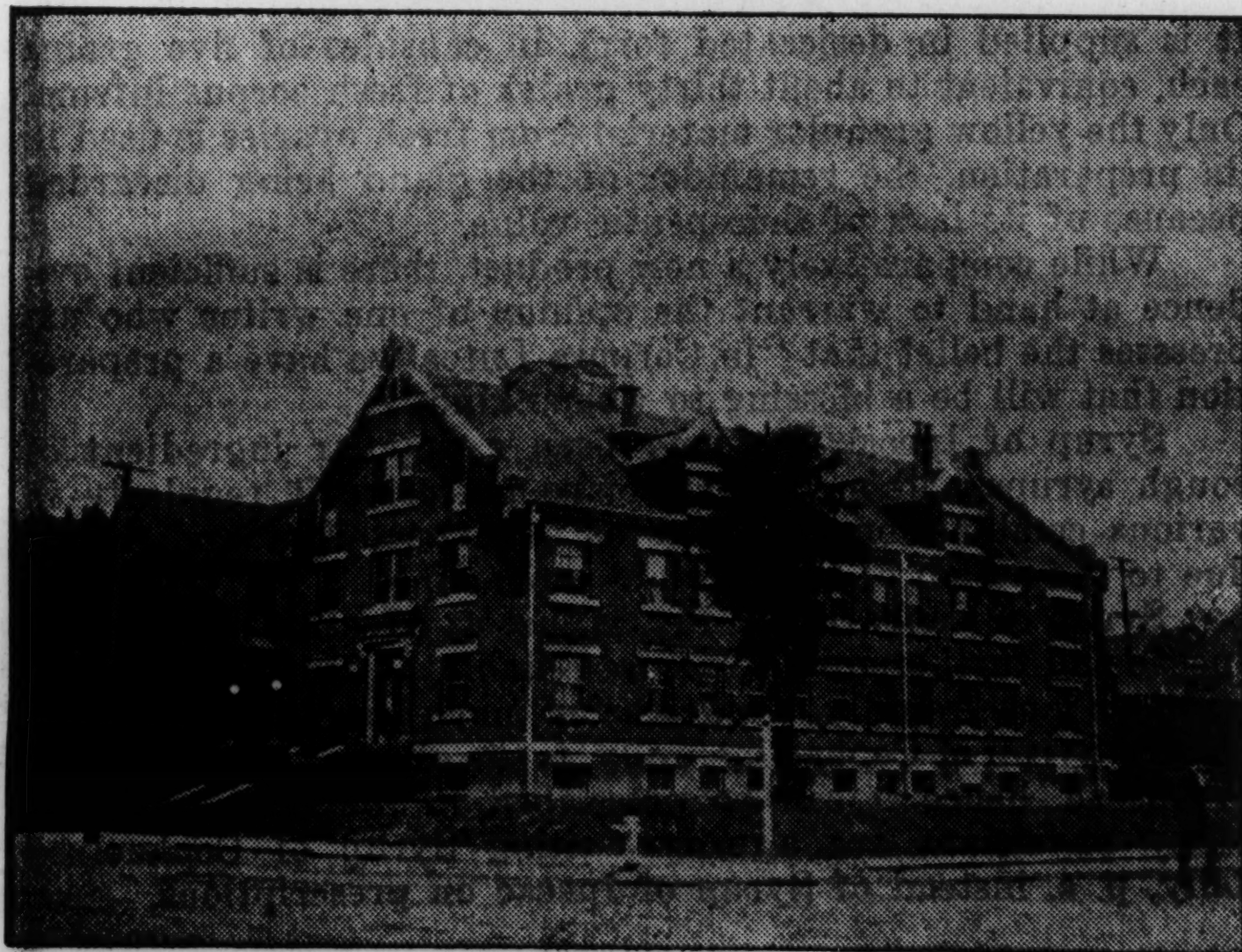
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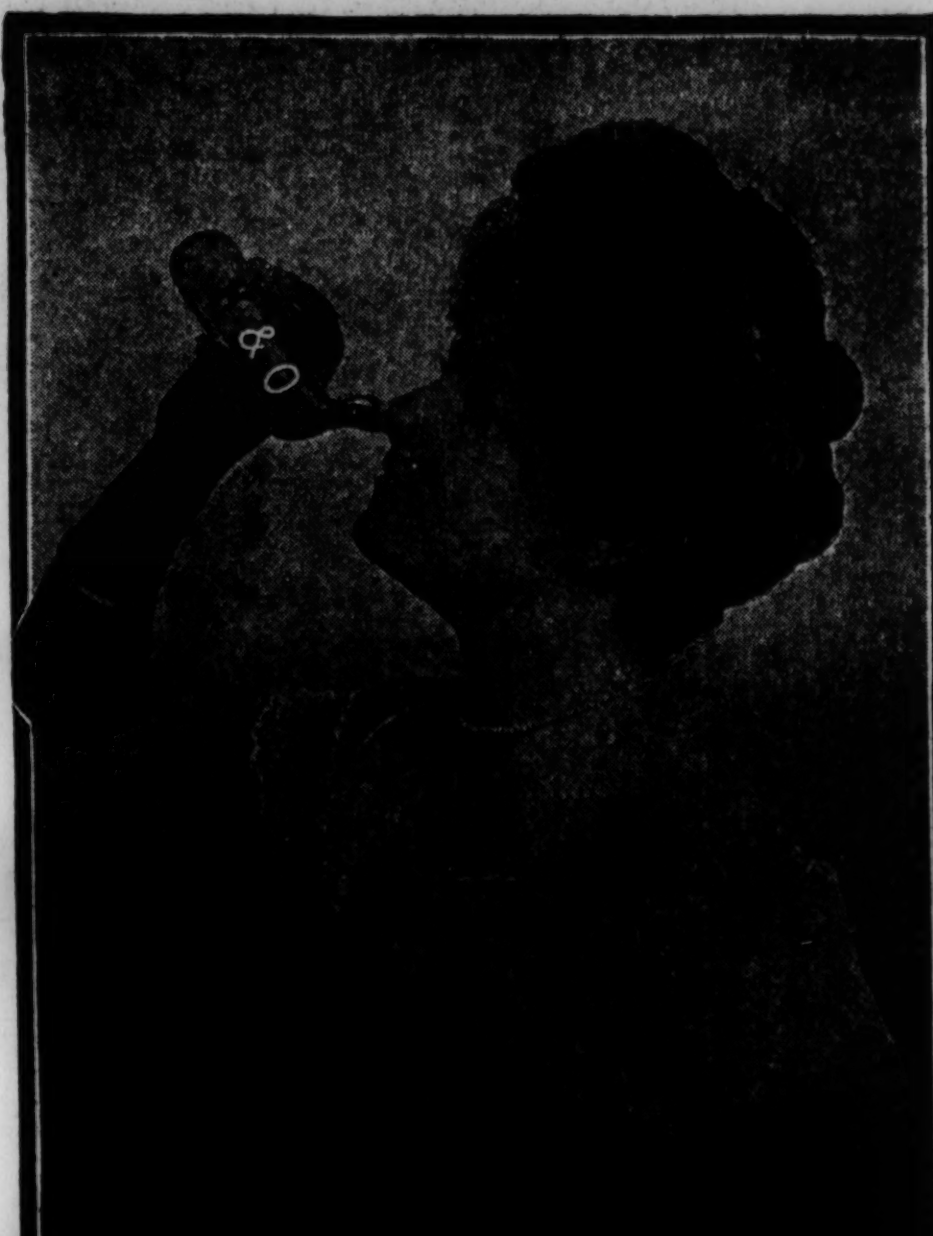
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The California Eclectic Medical Journal

Vol. VII.

DECEMBER, 1914

No. 12

Original Contributions

TREATMENT OF ECLAMPSIA

By J. B. Mitchell, M. D., San Francisco, Cal.

Read before the California Eclectic Medical Society.

Under the head of "Treatment of Eclampsia," Hirst in his work on obstetrics, makes the following statement:

"Pilocarpin is simply mentioned to be condemned. There is no other treatment of Eclampsia that gives so high a mortality."

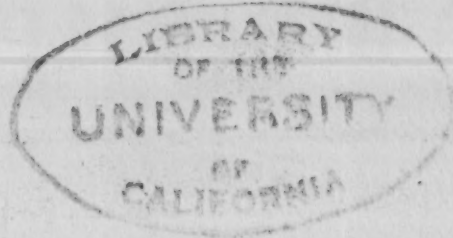
Later the same author attributes a mortality of 66 $\frac{2}{3}$ per cent in the Edinburgh maternity to its employment, the unfavorable termination usually being due to pulmonary edema.

The majority of writers upon this subject advocate the use of chloroform, chloralhydrate veratrumviride, magnesium sulph. venesection, vapor baths and early delivery, and a few are cautious enough to condemn morphia, and such surgical measures as might produce shock in the presence of grave uremia.

My own experience in the treatment of eclampsia has forced me to differ with any treatment that simply tends to check convulsions by nerve sedation and convinces me that above everything else elimination is the point to be considered and that any treatment that falls short of this is only temporizing with a grave condition.

I attribute my success in the treatment of eclampsia to the use of pilocarpin and vegetable diuretics and usually proceed somewhat as follows:

First, the general symptoms such as subcutaneous edema, appearance of the nails and capillary circulation should be noted and then an examination of the birth canal should be made, also the quantity and nature of urine should be ascertained (the quantity is usually small and filled with albumen). After establishing a clear diagnosis, the bowels should be freely moved by purgatives and enemas, and immediately diuret-



ics such as Specific medicine, Hair Cap Moss and Corn Silk should be administered one dram each with large quantities of hot water. Upon the rejection of above by the stomach as is usually the case, I promptly resort to the use of one-half grain dosage of pilocarpin, by hypodermic injection, at the same time encouraging the action of the skin by means of hot packs and vapor baths which may be administered without removing the patient from the bed by pouring alcohol upon hot bricks or irons and covering patient closely with blankets. This measure has, in my hands, never failed to produce the desired results. The pilocarpin may be repeated every two hours until the cerebro-spinal pain and nausea disappear, at which time the Specifics and hot drinks mentioned will be retained and should be given in large quantities to balance the loss of fluids occasioned by the enormous diaphoresis resulting from the use of pilocarpin and other measures. The use of pilocarpin must positively be continued until elimination by the kidneys is restored.

The whole thought at this point should be the delivery of the child, thus removing the cause of the condition. If labor has already begun and fair progress been made, allow it to proceed normally; otherwise induce or hasten it by introduction of bougies or manual manipulation, resorting to the use of forceps if necessary.

Let us again consider pulmonary edema and the contra indications to the use of pilocarpin. Personally, I feel that pilocarpin is always indicated when the specific indications for jaborandi exist, and that pulmonary edema could never result if the remedy were used only when the indications are present.

I am aware that an unyielding cervix will sometimes give rise to phenomena simulating uremic convulsions, which is simply mentioned as a point for differential diagnosis.

The preceding treatment has been used by me successfully with the co-operation of Dr. Charles Clark in a total of six cases, each case usually requiring one and one-half to two grains, but in one of the above mentioned cases a total of five and fifty-one-eightieths ($5 \frac{51}{80}$) grains were administered during the period of three full days, without a single unfavorable symptom resulting, and further, that the patient has enjoyed perfect health for eighteen months since recovery.

In conclusion, I would suggest that many valuable drugs are placed under the ban by prominent writers where a careful study of Specific indications would determine their real value.

BLOOD PRESSURE: ITS INFLUENCE ON THE FIVE SENSES.

By A. S. Tuchler, M. D., San Francisco, Cal.

Read before the California State Eclectic Medical Society.

This subject is one that ought to be more frequently observed from a diagnostic standpoint.

In fact, it should be rated of equal importance to the thermometer or stethoscope. It is in diseases of a chronic nature where the sphygmomanometer is of real value, just as the former two instruments are in acute cases. The character of the pulse will not determine blood pressure, so the use of the sphygmomanometer and a proper understanding of its reading will clear many a puzzling case and point the way to the indicated remedy or treatment.

An affection of one or more of the five senses, however slight, will usually give one warning that something is wrong with this sympathetic system of ours, especially when past the meridian of life.

It is the pathology of this system that has a direct bearing on blood pressure, be it either hyper- or hypotension, for the involuntary organs are affected through these wrongs. It may be failing eyesight or some other painful or pathological condition of these organs. It is well to make use of the sphygmomanometer in any case, and if this condition is brought about by tension, either hyper or hypo, then the way to treat such cases is evident. It may be a case of Glaucoma, Albuminuric Retinitis, or a simple case of eye-strain. I do not belittle other well-tried means and methods, but in connection therewith this diagnostic instrument will prove a valuable addition.

Dizziness or a gradual loss of hearing is a very uncomfortable situation to be in, and yet, if blood pressure is the cause of this affliction, the way is easy to correct this pathological condition.

The sense of smell may become impaired, and yet this insignificant loss may not be noticed. It may, however, be a very important factor in pointing the way of avoiding more serious sequelae due to hypertension.

Numbness may affect the sense of touch, and taste may be perverted, but who in ordinary health would think of going to a doctor for such a trifling thing? And even the medicine man may overlook such a small matter in making his diagnosis. But when such a case comes before a medical examiner of a first-class life insurance company and a consequent rejection

follows only on account of a moderate rise of blood pressure, to about 150 millimeters in an otherwise perfectly healthy individual, then it is some cause for serious consideration.

The taking of the blood pressure should be a matter of daily routine in making examinations, for should this be the underlying cause of such apparently slight ailments as has been heretofore mentioned, serious consequences may be guarded against and the development of a pathological condition can be avoided. It is possible to foretell an oncoming apoplexy by such an examination long before this occurs—from two to five years—and just think what a long period of time one has in which to correct this gradual pathological change and prevent this calamity! By the proper treatment of this condition ten years or longer can be added to one's life.

Hypertension may be intermittent at first, but it is a very positive indication that eventually this will become a permanent condition if not corrected.

Cowing says that "all conditions with a sustained pressure of 100 to 150 millimeters, or over, above the normal standard, are truly pathological cases."

Normal blood pressure is, in males, 120 to 130 millimeters, while in females it is 110 to 120.

Low blood pressure, or hypotension, will be found in debilitating, malignant or wasting diseases, and by the use of the sphygmomanometer one can readily be informed what improvement is being made toward the normal standard.

A correct diagnosis will determine the proper treatment, and this little instrument will help one to obtain both results.

In order to reduce high blood pressure, or hypertension, we have in electricity one of the principal means at our command.

D'Arsonval has called attention to surprising results which he obtained with the high-frequency machine and couch or pad. This experience has been verified by other investigators along these lines. This electrical machine in a physician's office, when thoroughly understood, is an invaluable instrument. It can be used, not alone to reduce or raise blood pressure, but also for many other useful purposes, among which are X-Ray, Diathermy, Fulgvoation, Violet ray lamp, high-frequency effluve and the high-frequency glass electrodes, used either mono- or bi-polar.

To reduce blood pressure, the patient reclines on the couch or pad and is connected to one pole of the battery, the other tutional taint characterized by a local field of active operation, which starts out with an acute phlegmonous inflammation of being connected to a metal electrode held in both hands. This

current can be registered on a meter. Three hundred milliamperes is usually allowed to pass through the patient for about ten to fifteen minutes every day, or on alternate days, depending upon what one is desirous of accomplishing.

The more grave the disease, the more energetic will be the treatment. In connection with the foregoing, the indicated remedy must not be overlooked, as well as correcting the secretions and the excretions. Acidoses and indican must be eliminated from the system if found to be present. Spec. Medicine Veratrum and Spec. Medicine Apocynum will be the remedies most generally indicated. The diet will be along the lines of the vegetarian, with Bulgarian buttermilk as a beverage. Water in large quantities is harmful, as it will raise blood pressure. In a corpulent patient, whose pressure was 222, and whose diet was carefully regulated, a fatal apoplectic stroke was superinduced during very hot weather by his drinking large quantities of water to quench an insatiable thirst.

In order to raise blood pressure, the high-frequency electrode along the spine for fifteen minutes daily will be found useful, in connection with the indicated remedies, such as Strychnine, Nuclein, etc., and with the proper diet. Good, plain, nutritious food, such as eggs, meat, soups, and milk, if it agrees. It will be noticed that this diet is just the opposite to that required for hypertension.

CARBUNCLE AND ITS TREATMENT.

By B. Roswell Hubbard, M. D., Los Angeles, Cal.

Read before the California Eclectic Medical Society.

In these days of wonderful achievements in surgery, a paper on the treatment of some common surgical ailment may seem too commonplace to take up the time of a medical society convention. However, there are some such common morbid diseases that are painful and distressing in their tendencies and are prone to a fatal issue if not skillfully managed, and the surgeon who passes up such affections as hardly worthy of his close attention will make a failure of treating the same, and is not to be trusted with graver complaints.

Of these common affections carbuncles command special mention, owing to their painful and fatal tendency, especially in aggravated cases. The conviction of the Irishman who was laboring with one of these painful tumors was not far out of place when he said, "The only good place to have a carbuncle is on the other fellow."

Carbuncle is, no doubt, the result of some form of constipation of the skin and subcutaneous tissue down to the depths of the

specific infection. Gradually the inflamed area assumes some what the form of a tumor mass, upon the most prominent part of which a vesicle develops in the course of five or six days, filled with serum tinged with blood, which, on rupturing, discloses one or more small openings in the true skin, filled with yellowish masses of pus. Within the period of ten days from the earliest symptoms of the morbid affection the necrotic tissues will be exuding purulent fluid through several small aperatures in the integument overlying the deeper necrotic tissue. It is this cribriform condition of the skin that characterizes a carbuncle from a boil.

During the development of the morbid growth the patient experiences chills alternated with flashes of fever. There is more or less pain in and about the growth, its severity depending upon its location and the nature of the structures involved. From loss of rest and sleep the patient generally presents an anxious appearance, and physical prostration is a feature in most cases. The pulse is accelerated in the early stage of the disease, from fever, and later from weakness. The tongue is usually coated and the breath foul. There is little desire for food, but water is craved by an increased thirst.

In appearance the morbid growth at first assumes a dark red color, which increases to a dusky hue later along in the progress of the disorder, the overlying skin often becoming necrotic as the underlying tissues soften into a purulent mass. About this time the surrounding tissues become turgid and edematous from the deposit of serum and lymph, and the infected area cribriform, it being possible to express pus from the many little aperatures in the skin.

When a carbuncle develops on portions of the body where the skin and fascia are dense and tough, as the scalp, hand and back of the neck, marked destruction of the soft underlying structures takes place before these tissues soften and give way. The burning, throbbing pain that is so keenly experienced in the early stages of the disease usually becomes greatly lessened as the tumor mass breaks down and begins to slough away, and in some cases may cease altogether. The slow progress made in its evolutions toward the termination of the morbid state is often tedious and most discouraging.

The surgeon who is called to take charge of one of these painful disorders will be queried over and over again to give a valid reason for its existence, and as there are several causes recognized as being responsible for the morbid state, it will be well to have full knowledge of them, that the confidence of the patient and friends may be favorably impressed with his professional ability to cope with the disease in its various phases.

Pathologists agree that the most common cause of the

morbid affection is a marked debility of the system, which may be due to diabetis, gout and faulty metabolism, the exciting local cause being the implanting in the skin of a pyogenic micro-organism; certain it is there is a taint in the blood and the vitality is below the normal standard.

The morbid disease sometimes occurs in youth, but is more commonly seen after middle life. It has no respect for the gourmand or the individual living on the common articles of diet.

For some reason hard to explain, men are more subject to the disease than women.

The back of the neck and the trunk near the spine seem to be favorite locations for the disease to develop, although it has been met with on the legs, arms and face; seldom, if ever, do two carbuncles appear on the body at the same time, but one may follow another in close succession.

Treatment.—The treatment necessary for a carbuncle will depend entirely upon the stage of the disease when the surgeon is called. If the morbid affection is seen early, while the infected area is small, one of two courses should be pursued: With the patient under an anesthetic, through a circular incision in the skin and fascia, the center of the tumor should be cut away as a core would be removed from an apple; providing, of course, there are no important vessels and nerves involved in the growth that might be severed in the operation, the cavity subsequently packed with iodoform gauze; or a crucial incision should be made through the most prominent portion of the tumor, extending to a sufficient depth, following which the deeper tissues should be infiltrated with pure carbolic acid with a hypodermic needle, care being taken not to place the caustic agent beyond the infected tissue. Either form of procedure mentioned should be done most thoroughly, otherwise the disease will extend rapidly into the usual evolutions of the disease.

Following injecting the tissues with the acid, reasonably thick pads, sufficiently large to cover the inflamed area, should be wet with a solution of borax and salicylic acid (one-half ounce of the former to a drachm of the latter dissolved in a pint of boiling water) and applied over the tumor, and should be renewed whenever it becomes dry. This medicated solution is both antiseptic and soothing; it lessens inflammation and reduces pressure pain. In lieu of this mixture, a 1-5000 bi-chloride solution may be utilized and will be preferred in severe cases where the sloughs are extensive and necrosis threatens.

If seen late in the progress of the disease, after marked sloughs have taken place, the above solutions are available and

safe as a dressing, although hydrogen peroxide, a very potent cleansing agent, may be used to advantage when applied with a good atomizer.

Poultices are seldom needed to hurry along the softening of the indurated mass if the solution of biborate of soda and salicylic acid is faithfully applied. If the necrotic condition of the tumor requires this form of dressing, none better can be applied than the flaxseed and charcoal mixture. Poultices being somewhat exhaustive in their effect upon the system, their action should be closely observed in the aged and others feebly inclined. The action of the soda solution as a dressing during the period the necrotic tissue is sloughing away is most satisfactory, and can hardly be replaced. Salves of all kinds find no place in the treatment of carbuncle, except in that stage of the disease when the gaping ulcer is freed of all necrotic tissue and granulations are beginning to show; here an ointment of balsam of Peru in vaseline, 5 to 10 per cent in strength, will prove a potent agent to stimulate the growth of the new tissue.

In cases where there is extensive loss of tissue, skin-grafting will have to be resorted to as an aid to help span the surface of the ulcer after the granulating tissue fills the chasm to a level with the surrounding skin. The technic of this operation is fully described in any of the modern works on surgery.

The general physical condition of the patient from the first inception of the disease should be kept under observation. As a rule, the vitality of the patient is, in some particular, below par, hence restoratives are in demand. If the process of blood-making is at fault, the complexion is usually bad, tongue coated, breath offensive, appetite variable and bowels constipated. The indicated remedies are Sal-Hepatica, Cascara infusion, or some active mineral water to evacuate the bowels, to be followed with small doses of nux, alternated with hydrastis, pepsin or an occasional five-grain dose of ingluvin. On the other hand, if the tongue is clean and red, small doses of phosphorus, arsenic and iron in some one of their various forms will suggest themselves. High fever and septic conditions indicated in the early stages by a rapid pulse, thirst and restlessness, and a purplish red appearance of the infected area, will call for tangible doses of veratrum in connection with echinacea or lachesis. Echinacea does little or no good as a local application to the developing tumor, and should not displace the remedies heretofore mentioned. An occasional five-grain dose of acetanilid or salo sedatus, given with plenty of water, will prove of great benefit in aggravated feverish states

in the early stages; seldom, if ever, should these agents be given after the tumor has broken down in suppuration; at this stage in the progress of the disease the condition of the patient usually requires a change in the character of the remedial agents. The loss of sleep and appetite, together with the suffering attendant upon the morbid state, begins to tell on the patient's vitality; every exertion is fraught with pain and trembling, manifesting a physical condition calling for stimulants, peptics and tonics; and these should be supplied in so far as possible in a well-selected diet, in connection with small doses of whisky taken in egg-nog, iron in the form of Ovoidin, and arsenic and strychnia when indicated.

The urine should be examined from time to time for sugar and albumin, as frequently carbuncle is observed as a complication of kidney disease, especially in diabetes. If sugar is found, the patient should be given aromatic sulphuric acid in appropriate doses and encouraged to take buttermilk freely as an article of diet.

**"THEY RELIEVED THE GENERAL OF HIS PAIN
AND HE FELL ASLEEP"**

"His Death Occurred While He Slumbered"

By A. F. Stephens, M. D., St. Louis, Mo.

The above grim sentences were contained in a dispatch from headquarters on the battlefield in Flanders which announced to the British government the death of Lord Roberts, who is said to have died from pneumonia after exposure to inclement weather. The same sentences might be written, appropriately, upon the tombstones of innumerable dead who, supposedly, died from a like disease. They, too, were relieved of their pain and fell asleep; and their death occurred while they slumbered. Grim and brief though this title is, yet it reveals a history of narcotic medication replete with a fatality unsurpassed by war itself.

Sad is it, indeed, to have to relate, that many of us who believe we are the saviors of mankind from the ills that kill, do not realize that in numbers of cases we are the servant of "The Man with the Scythe," and that in our efforts to relieve the sufferer of pain we but hasten his end. We seem to see not that if we attempt to relieve pain suddenly, in certain conditions, we increase the lesion upon which the pain depends, thereby decreasing the power to live.

In pneumonia, to relieve pain by the usual and orthodox measures increases the gravity of the disease by increasing the congestion of the pulmonary tissue, and thereby establishing

the engorgement more firmly, which retards recovery, if it does not prevent it altogether.

To the man who thinks as he works, the desirable thing to be accomplished in pneumonia is that the pulmonary congestion be overcome promptly, for upon this condition do the disease-phenomena depend. To the extent to which this condition can be modified, are the subsequent stages modified or possibly prevented. To restore the circulatory balance one must administer those remedies which act directly toward vasomotor sufficiency. Narcotics do not act thus. Instead of relieving congestion, they tend to increase it. If, therefore, we "relieve the pain" the patient may "fall asleep and die while he slumbers."

The administration of narcotics means death, perhaps, as often as life. If the patient is strong enough he may withstand both the disease and the narcotic; if weak he dies while he slumbers.

Lord Roberts was eighty-two, an age when one is very susceptible to narcotics. The agents which have the power to destroy sensation have the power also to destroy life. Lord Roberts is dead. He died while he slumbered.

That pain is to be mitigated, however, goes without saying, but not at the cost of the sufferer's life. Better to suffer the pain that is, than to fly to relief through everlasting slumber.

There are known remedies besides opium and its educts and the synthetic derivatives which relieve, measurably, the pains of pneumonia. They are safe, and relieve through their power to establish a better condition of the circulation, thereby relieving congestion, causing relaxation, establishing secretion and excretion, and quieting nerve-excitation. They do not cause the patient to fall asleep and die while he slumbers.

If one is tempted to administer morphine, aspirin or other equally dangerous members of the fatal group, in this grave disease, let him pause and take stock of the *modus operandi* of the pneumonic disturbance, then let him re-study the effects of these agents upon the human body in health and disease; after which, if he is wise, he will put away evil that good may come. He will say to the satans of medicine, "Get thee behind me," and turn with a lightened heart to those remedies which aid the patient, but do not kill while he sleeps; remedies which he will find abundantly described in all good medical literature. There he will find such remedies as bryonia, asclepias, belladonna, veratrum, ipecac, gelsemium, ferrum phos, aconite, etc., any or all of which may have a place in the treatment at some time during the progress of the patient toward recovery. These will help wonderfully if given a little time. They work toward

freedom of the circulation; they open up the secretions, ease the pain without destroying sensibility, and in the end will gratify the patient by helping him to get well in a very few days. They never kill. They are always safe.

The aged do not take narcotics with safety. To withhold them means a continuation of life, many times. To administer them may mean death when we least expect it.

Lord Roberts suffered pain—sharp, cutting, tearing, excruciating pain, perhaps—which alone does not kill, but which, relieved as was the pain in him, leads quickly to death.

“They relieved the General of his pain and he fell asleep. His death occurred while he slumbered.”

We do not say that drugs killed him; we know only that he died while he slumbered.

A FEW OF THE SYMPTOMS OF HETEROPHORIA.

By H. W. Hunsaker, M. D., San Francisco, Cal.

Read before the California Eclectic Medical Society.

Heterophoria means an unbalanced condition of the external or motor muscles of the eye, or the opposite of Orthophoria, which means that both eyes tend to look at the same point at all distances; in other words, that all the motor muscles of both eyes have the proper strength, length, attachment and nerve supply. In Heterophoria we find one or more of these conditions lacking to a greater or less degree.

We will only consider three classes here, and any of you can diagnose them; they are Esophoria, or turning in; Exophoria, turning out, and Hyperphoria, or one eye on a higher plane than the other. Perhaps none of us has symmetrical orbits, but we are not all afflicted with Heterophoria.

As I am writing this for the general practitioner, I will not go into the etiology of this condition, as you should send your cases of Heterophoria to a specialist unless they are of the paralytic type, resulting from diphtheria, syphilis, etc., and will return to the normal after proper systematic treatment in most cases, but will give you a few of the symptoms and a simple test with which you can usually diagnose these cases.

With slight deviation we have diplopia, and with it, blurring and sometimes vertigo. The effort made to correct the deviation causes numerous reflex symptoms, such as Asthenopia, pain in the eyes, or various parts of the head or body; conjunctival irritation, spasms of the facial muscles, and sometimes other forms of spasms; digestive disturbances, nausea and interference with general nutrition.

Both diplopia and the reflexes are increased in the proportion to the effort in maintaining binocular vision, and are complained of after a moving-picture show, ball game, theater, or an extra amount of close, fine work.

The most disagreeable symptoms are found in Hyperphoria and divergence insufficiency, and most troublesome in distant vision. In Exophoria, or lack of proper convergence, we find Asthuropia, headaches and conjunctival irritation produced by close work.

The screen test is simple and usually sufficient for a diagnosis: You have the patient fix on any object, not too large, and any distance beyond a few feet, and screen one eye and then the other with a card, and ask patient if image moves when changing from one eye to the other. The operator can usually see the eyeball move when the card is shifted.

I could cite many cases of Heterophoria where the disturbances had been so great as to incapacitate the sufferer from most any kind of employment, and could not wear any kind of lenses with satisfaction, that was made happy by proper treatment or surgical interference.

PRURITUS ANI, AN ABSOLUTELY NEW AND UP-TO-THE-MINUTE DISCOVERY

By Albert J. Atkins, M. D., San Francisco, Cal.

Read before the California Eclectic Medical Society.

When a local Skin Specialist gets a disease about the anus, he generally thinks of me and kindly passes it along with the averted eye of cynical wisdom. Under these circumstances I am forced to take the case, and try to look wise, when otherwise. Having exhausted the immense literature of the world on this subject, and having tried most of the "sure cures" in vain, at last I found myself forced into the great arena of experiment along with the rest of the immortals. Finding myself in this unsought-for predicament in a fundamental disease, I decided at last to approach the condition in a fundamental manner, realizing that a cornerstone of our medical progress has been, and is now, based on the old dogma that "the hair of the dog is good for the bite," I finally determined to follow this ancient lead in my research, because I felt in my heart that if I should succeed my work would be immediately accepted in both Europe and America, and finally my name would ultimately go down in history along with such immortals as Koch and Friedman, and especially the latter.

I meditated long on this matter, and often walked the streets completely absorbed in profound thought upon the subject, when one day, by the merest chance, I happened to see a small, fat pug dog sliding along the smooth surface of the sidewalk on his M. Q.-shea, thus relieving himself of the terrible tortures of itching brought about by the disease under discussion. This was my golden opportunity—in fact, the very psychological moment of my life—so I quickly determined to

immediately catch that dog and take him to my laboratory for examination and future study and experiment. That dog was caught, and after a week's careful analysis of urine, foeces, blood count and other unnecessary opsonic measures, after careful scrutiny of the parts I found them bereft of hair from sliding on the cement pavement, so I finally came to the ultimate conclusion that the dog must be suffering from a complicated case of pruritus ani of long standing, or sitting—I was at a loss to know which.

Having diagnosed my case scientifically and with much learned precision, the next and almost unthought-of idea to present itself to my mind was how to cure that case. Of course, I was fully aware of the fact that the comfort of the dog did not count while I was taking my time to make this long-drawn-out diagnosis. I might have called in other experts to assist me, but somehow I intuitively felt that the dog did not possess the price, so I simply took my time and let the poor animal suffer, in order that I might see all the symptoms and thus make an absolutely scientific diagnosis. I might have placed him in a dog hospital for observation, but when a dog cannot afford such luxury we must study the case as it is. Consequently, in keeping with modern methods, I proceeded to scrape away as many of the germs as I could from the diseased parts of that dog, and, making a solution of these, I began to inject it into his hide at different points to see what would happen. I used a very large syringe with a very cruel needle, in order to set up as much irritation as possible, so as to make myself believe that I was getting immunity when the inflammation about injected areas began. Of course, the needles were doubly sterilized, and after twenty or thirty injections the dog showed no further signs of itching, because he was unable to sit on the sidewalk at all, so swollen and inflamed were his after-parts. Feeling certain that the poor animal had now reached the state of absolute immunity, I now proceeded to tap him daily for serum from his arteries, and succeeded in drawing off all he had until the poor dog died. Then I was at loss to know just how to preserve this serum so that it could be commercialized in Europe, when another happy thought struck me in all solidity. I simply used a little of the oil of cement to give body to the serum, and now from that dog I am supplying the entire world with anti-pruritus serum, and I want to let all you doctors in on the ground floor of the greatest money-making proposition of the twentieth century.

P. S.—I forgot to add that after the patient has paid his money and has been fully injected with this serum, he is most likely to growl at little things and bark loud if the fee is over two hundred dollars. A special syringe has been invented for the serum, for which I ask the modest sum of twenty-five dollars.

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NATIONAL MEETING, 1915

There has been considerable inquiry relative to the next meeting of the National. Some of the writers apparently laboring under the impression that there will be no fair in San Francisco, and possibly no meeting of the National. Such misapprehension is unfortunate, as it is likely to influence unfavorably the attendance at both the fair and the National. However, it is difficult to controvert because it is impossible to say more than that the work on the buildings is almost completed and that on the coast there is no doubt about it. In San Francisco they are so sure about it that the committee on arrangements for the National meeting had great difficulty in reserving the necessary accommodations.

However, this is all satisfactorily arranged at last. We particularly call your attention to the announcement of our committee on arrangements, which appears in the society department.

MISLEADING MEDICAL CATCH PHRASES.

The terms "health conservation" and "preventive medicine" are very much on the public tongue and before the public eye these days. In times of general unrest popular words and phrases frequently exercise a strange spell over the public imagination. They are taken as slogans or marching orders by many who are honestly trying to improve existing conditions. Special interests, seeking unfair advantage or monopoly power, are quick to seize upon popular terms and use them to further their personal advantage, which could not be otherwise obtained.

At the present time a striking illustration of this character is seen in the employment by the doctors of the dominant medical school of popular terms and catch phrases to assist in carrying forward their program, which is declared to be aimed at establishing State Medicine.

The great work of conservation of natural resources, and the still more important efforts to conserve the general health of the people by improving social, economic and moral conditions, have led the political doctors to seize upon the phrase "health conservation" and utilize it for the purpose of furthering their private interests, which are generally understood to comprehend a monopoly of medical practice and the universal enforcement of compulsory medication, including the recently adopted serum therapy.

"Preventive medicine" is another catch phrase being employed by the official doctors. It is a pleasing phrase, which many people frequently use without understanding that it means (to the doctors) the administration of serums and vaccines—a treatment so recently adopted as not yet to have earned the confidence of a large number of thoughtful physicians, and whose supposed merit rests on the claims and data of partisans of the treatment. Many investigators not only deny the serum therapy is preventive, but insist that its use is fraught with grave danger.

If there were no attempt on the part of interested physicians to force their new and, to a large number of people, objectionable treatment upon the public, and if the federal government were not disseminating, and thus giving its sanction to this latest accepted theory of one school of medicine, the subject might be passed over as unimportant. But when compulsory treatment of the citizen is being advocated, and the federal government is sending out ex parte treatises advocating serum therapy, the public ought to be aroused to the importance of the issue.—Pomona Daily Review.

CAN A GOOD HOMEOPATHIC PRESCRIBER BE MADE OF A GRADUATE OF AN ALLOPATHIC COLLEGE?

By George F. Laidlaw, M. D., New York

As I ask myself this question, Can a good homeopathic prescriber be made of a student who has been sent to an allopathic college? I think of Samuel Hahnemann, and Gross, and Stapf, and Constantine Hering, and Lippe, who made fairly good homeopathic prescribers, and I must answer, yes, that a good homeopathic prescriber can be made of a graduate of an allopathic college. Then I think of Germany, and France, and England, and Russia, with their groups of earnest homeopathic physicians, and again I must say yes, that a good homeopathic prescriber can be made out of a graduate of an allopathic college; but if you ask me if a good homeopathic prescriber is apt to be made of a graduate of an allopathic college, the answer must be no. Think how many thousand physicians have graduated from allopathic colleges in England and France and Germany since the days of Hahnemann, and how very, very few of them ever become homeopathic physicians! Think of the thousands of physicians who have graduated from the allopathic colleges of this country, and how very few like Gray, and Hull, and Allen, and Dowling, ever became homeopaths; so that we must admit that, while a good homeopathic prescriber may be made of a student who is sent to an allopathic college, the chances are more than one hundred to one that he will never take any interest in homeopathic practice afterward.

In discussing this question of where a physician sends his students, this society might seem to be intruding on what is purely a private or domestic affair; but this is an age of regulating other people's affairs, and I suppose that every organization has a right to discuss the tendencies that lead to its own disintegration and to create, if it can, a public sentiment opposed to this disintegrating tendency. That the practice of sending the sons and students of homeopathic physicians to allopathic colleges is a disintegrating force, we must all admit. The strength of homeopathy is in the United States, where we have had our colleges. In England and France and Germany, where there are no homeopathic colleges, the growth of homeopathy has been very slow. Whatever builds up our colleges increases the strength of homeopathy.

Among the arguments used to persuade a physician to send his students to a homeopathic college, there is one that is often employed, but, I think, useless. That is the argument of loyalty. Loyalty is an emotion, a sentiment that cannot be talked or argued into a man. Those who preach loyalty most loudly

sometimes remind me of Artemas Ward, who was willing to send all his wife's relations to war and sacrifice them on the altar of his country. So I think some of those who talk to us of loyalty are anxious to sacrifice the other man's sons and students on the altar of homeopathy. No man has a right to preach loyalty to homeopathy except one who has himself turned from the attractions of the great universities and sent his own son to a homeopathic college. The main question for you and for me is not one of loyalty, but where the boy can get the best preparation for his life work.

There is no question that the idea in the mind of every physician who sends his son or student to a medical college is the best interest of that boy. I think that this society or any society in its efforts to build up the homeopathic college should not antagonize that sentiment, but move with it. We should show the father or preceptor, what I believe to be true, that the boy will get the best training for the practice of medicine today in a homeopathic college. We should get the force of parental pride and ambition acting with us rather than against us.

In the first place, the reason why a physician sends his son or student to a medical college at all is to prepare him to make a living. Now, there is no doubt that a graduate from a homeopathic college can make just as good a living as a graduate from any university in the country. You have only to look around you at our representatives from Rochester, Syracuse, Albany and Buffalo, not to mention our millionaire members who come up from New York and Brooklyn. There is no question about the ability of homeopathic graduates to make a living, and a good one.

The next thought in the mind of the parent or preceptor is to prepare that boy as thoroughly as possible for his career in the practice of medicine. There are several reasons why I believe that a boy will be best prepared for the practice of medicine in a homeopathic college.

In a homeopathic college the student has drilled into him the distinction between medical palliation and cure. This distinction is the basis of all exact therapeutics, but is seldom grasped by the allopathic physician, to whom it is all one whether he quiets a cough with codein or cures it with bryonia.

In a homeopathic college the student learns a delicacy in the judgment of drug effects; a discrimination of drug aggravations that is appreciated by sensitive and intelligent patients; and a nice distinction in his remedies that is unknown in the allopathic college.

In a homeopathic college the student is drilled in an exact system of applying remedies to disease that is unequaled by any other therapeutic system today in accuracy and broad usefulness.

The course in the allopathic college today is overweighted with laboratory work. This is a danger which Huxley pointed out in the London medical school twenty years ago. Huxley, himself a physician and laboratory worker, protested against trying to make all young men who studied medicine laboratory experts instead of good therapists. The course of the allopathic college has magnified the laboratory at the expense of therapeutics until we see the extraordinary spectacle of a physician of forty years' practice standing with his hat in his hand outside a laboratory door waiting for a young man just out of college to tell him what is the matter with his patient and what to do for it.

You have noted the rapid spread of the bacteriological therapeutics during the past few years. In this enthusiastic welcome of a bit of exact therapeutics we see the poverty of a therapeutic system to which this very small piece of exact therapeutics was a revelation. I think that any of you who have met the modern allopathic therapist in actual operation will admit that his ignorance of what seem to us very plain therapeutic principles is appalling. Which of you has not seen given to a baby with bronchitis calomel and castor oil to purge, opium to check it, codein and terpin hydrate to stop the cough, bromide and chloral to put it to sleep, and brandy, digitalis and strychnine to keep it alive, all at the same time; then more calomel and castor oil, and again down the line that always ends with brandy, strychnine and digitalis?

We cannot deny that in the past the teaching of the homeopathic college was overweighted, too; overweighted on the side of therapeutics to the neglect of pathology and diagnosis. We have learned from the old school to correct this defect. Laboratory methods, pathology and diagnosis are now taught in all homeopathic colleges. In fact, the various state boards require just as many hours' training in laboratory methods in pathology and diagnosis in a homeopathic college as in an allopathic college. I believe that the allopathic colleges will at some time learn from us to give therapeutics, and especially an exact system of therapeutics, a larger place in the curriculum; but they do not do so today, though a course in a homeopathic college as given today trains the student thoroughly in pathology and diagnosis. The chief defect of the homeopathic course is that it leaves the student with an exalted idea of what his therapeutics can accomplish, and this exaggeration should be

corrected by practical experience in a hospital where he will see patients dying or getting worse even under care of his most honored professors, or leaving the hospital because they are not getting any better. To my mind, this is the best system today for training a physician, a thorough drilling in homeopathic therapeutics and homeopathic thinking during his college course and a hospital course after that to correct the exaggerations that will spring up in every didactic course of therapeutics.

Therefore, in answering the question propounded, while I admit that there is a possibility of making a good homeopathic prescriber out of a graduate of an allopathic college, actual experience shows that very few of them, even when sons of homeopathic physicians, ever practice homeopathy or take any interest in it. Actual experience seems to show to me that the best training for the practice of medicine today is a course in a homeopathic college, supplemented by practical experience in a hospital.—North American Journal of Homeopathy.

MATERNAL IMPRESSION?

**By Augustus G. Pohlman, M. D., Indiana University,
Bloomington, Ind.**

There is probably no subject that the majority of thinking people know less about than the relation of the mother to her unborn child, and still nearly everyone knows about maternal impression. It is one of those intangible, matter of fact, mysterious things that, like other superstitions of its kind, is widespread and deeply rooted. We may define maternal impression, to avoid quibbling, as an alleged influence exerted by the mother upon the developing offspring—and the influence may be mental or physical, depending on the causing factor in the party of the first part. According to this doctrine, emotions, frights or even physical disturbances in the pregnant woman may be registered upon the offspring, and some even go so far as to say that a continued mental attitude will affect the mental development of the embryo (prenatal culture).

Inasmuch as the superstition is widespread, we must define what maternal impression may be and what it may not be. Probably no child is born marked but what the mother can or will inadvertently remember some circumstance to account for the trouble. This is, however, merely human nature indulging in a process of reversed reasoning, and such cases must necessarily fall in the class of "postpartum" impressions. Maternal impression must consist in a bona fide fright, mental attitude,

or what you will, and the conveyance of a given marking to the child.

There are a number of points in this doctrine of maternal impression that we question: 1, the manner in which these impressions are carried over to the embryo; 2, the anatomical accuracy with which these defects (or advantages) locate themselves in the offspring; 3, the time limit set by the embryo for the registration of these alleged influences; and lastly, the statistics, or rather lack of statistics, on the subject.

The average layman accounts satisfactorily for the manner in which the impressions are conveyed from mother to child about as follows: The relation of mother to child is intimate; a disturbance or continued mental attitude on the part of the pregnant woman, because of her "sensitized" condition, alters the composition of her blood through release of certain fatigue products (for want of a better term); these substances pass over to the offspring and affect its development in general, or register themselves upon some particular part. This explanation would seem feasible, indeed, were it not for the fact that the relation of the mother to the child is not nearly as intimate as generally believed; that we are by no means certain that any specific "fatigue products" are released into the blood stream by a fright or emotion; that even if these substances are found in the circulation of the mother, it by no means implies that they will be found in the blood of the embryo; and lastly, the remarkable logic of the proposition that if a given cause produces an effect, the effect will surely reproduce the cause. It is at once obvious that no believer in the *similia similibus curantur* can at the same time grant the existence of this state of affairs.

A general law in heredity states that the male and female parents contribute equal parts of the hereditary material found in the fertilized cell, be it sweet-water polyp or man. The fertilized ovum is therefore potentially like the fertilized egg of the hen, with this exception, that the hen's egg contains all the nourishment necessary to develop the single cell to the chick stage minus, of course, the breathing, which the developing embryo arranges on its own account, and minus the warmth furnished by application of the maternal body or by an incubator. The human embryo is, generally speaking, quite as far removed from the maternal body as the laid egg is from the hen. The breathing apparatus of the chick becomes modified to absorb the necessary nourishment from the maternal blood stream and to cast the waste products into it. The two blood streams of mother and embryo, however, do not mix, but are

separated by a double membrane, one of maternal and the other of fetal origin. We do not know whether or not there is a selective activity on the part of the fetal membrane or whether the transfer of nourishment takes place by a process of diffusion or osmosis. We do know, however, that substances may circulate in the maternal blood and not be transmitted to the embryo, and that syphilis may be acquired by the offspring from the father and not passed over to the mother. It seems impossible to regulate even the size of the child by dieting (see this journal for July). The evidence, such as it is, may be said to be against the idea that substances are transmitted from the maternal to the fetal circulation—naturally with some exceptions.

However, granting that certain poisons or fatigue products are liberated in the maternal blood stream in fright or emotion, and granting that these substances are conveyed into the fetal circulation, let us consider for a moment the anatomical accuracy with which the impressions are registered. A fright at a mouse or a rabbit produces hare-lip, while the scare at a duck results not in a duck's bill, but in webbing of the toes. If these impressions be true, what kind of a fright occasions the cleft palate that not infrequently is associated with hare-lip, and similarly what animal would a woman be frightened at to result in a webbing of the fingers? Carry the law of cause and effect one step farther. Say a woman is frightened by the two-headed steer or the four-legged chicken of the side-show, and actually does give birth to a corresponding monstrosity, what did the cow or the chicken see to give rise to the originator of the trouble? The answer is that cows, pigs, and even chickens, are subject to congenital malformations not unlike those found in the human being, and might it not be possible that the causal factor in the chick obtains in man?

It was stated that a time limit was placed by the embryo for the registration of such major defects as cleft palate, multiplication in parts, webbing of fingers and toes, etc. All these defects must be registered before the close of the second month; as a rule, before the woman is absolutely sure that she is pregnant. At this time the most common physical disturbance is that of morning vomiting, and yet we find no mention in the text-books on pediatrics that this may account for persistent vomiting in children.

Without drawing the matter out, let us examine into the lack of statistics! Not how many mothers can give reasonable evidences of maternal impressions, but how many cannot? In other words, is there any pregnant woman but experiences some fright or emotion, and how many children are actually born

"marked"? Many mothers have been sure the baby would be marked, and almost take offense when the physician tells them it is perfect. Many mothers have been sure it would be a boy and it was a girl, and perhaps even twin girls. Many mothers have starved themselves that the child might be small, and it was not. Many mothers have trained their "subconscious mind" (sic) that their children might be beautiful, strong and intelligent, and they were not.

The writer is not attempting to convince anyone that there is nothing in this doctrine of maternal impression, prenatal culture, etc. I know that you have your own case of Mrs. —, who saw or was frightened at — and later gave birth to a child with — (fill in the blanks yourself). But please don't take it as a fact; there are a few agnostics left, and a few more who are even convinced that there is absolutely nothing in it at all. If you happen on a case where a child is born with red hair and the father and mother are both brunettes, when they mention maternal impression inquire into the family history and you will find more red hair. We all of us are convinced of many things that are not so. We all know that if a child crosses its eyes often enough and long enough it will become cross-eyed—in spite of the fact that it never happened. We all know that the Rocky Mountain sheep has enormous horns and that it uses the mto alight on when jumping from incredible heights—but they never do. The human being loves the mystical, and have it he must, even to maternal impression and kindred superstitions.—Dietetic and Hygienic Gazette.

A FAIR EXCHANGE

"Johnnie, did you take your cough medicine regularly in school, as I told you?"

"No, 'm; Johnnie Bubbs liked it, an' he gimme an apple for it."—Smiles.

A PARADOXICAL REPLY

"Doctor, do you think eye-glasses will alter my appearance?" inquired Mrs. Gunson anxiously.

"I shall at least expect them to improve your looks," replied the physician.—February Lippincott's.

IN DOUBT

"Did you have appendicitis?" said the insurance man.

"Well," answered the skeptic, "I was operated on, but I never felt sure whether it was a case of appendicitis or a case of professional curiosity."—Washington Star.

SOCIETY CALENDAR

National Eclectic Medical Association meets in San Francisco, June 14, 15, 16, 17, 1915. T. D. Alderman, M. D., New York, president; W. P. Best, M. D., Indianapolis, Ind., secretary.

Eclectic Medical Society of the State of California meets in San Francisco May, 1915. A. J. Atkins, M. D., San Francisco, president; H. F. Scudder, M. D., Los Angeles, secretary.

Southern California Eclectic Medical Association meets in Los Angeles, May 5, 1915. O. C. Darling, M. D., Riverside, president; H. C. Smith, M. D., Los Angeles, secretary.

Los Angeles County Eclectic Medical Society meets at 8 p. m. on the first Tuesday of each month. H. T. Cox, M. D., Los Angeles, Cal., president; P. M. Welbourn, M. D., 818 Security Bldg., Los Angeles, secretary.

NATIONAL ECLECTIC MEDICAL ASSOCIATION

Arrangements have just been completed for the hall reservations for the meeting of the National for June 14th, 15th, 16th and 17th, 1915. This brings the meeting one day earlier than was scheduled, but was the only arrangement that could be made in order to secure proper hall accommodations for our sessions.

Official headquarters Lankershim Hotel (European plan), rates \$3.50 per day without bath, one or two persons in room; \$4 per day with bath, one or two persons in room.

Meeting hall near by, seating 500, in Exposition Memorial Auditorium, at Civic Center.

June 18th to be set aside and known on the Fair Grounds as "Eclectic Medical Day." H. FORD SCUDDER, M. D.,

Chairman Committee on Arrangements.

CALL FOR ECLECTIC PAMPHLETS

Much demand there is, and much necessity as well, for a lucid presentation of the patriotic efforts that the Eclectic school of medicine has made during the past century in behalf of the therapeutic independence of the American people, as well as the medical profession. This seems to be now both a necessity of the people at large and of the various schools of medicine, none of the thinking members of which are now presumed to be unfriendly to a profession interested in the general welfare of one and all or prejudiced in behalf of a professional or scientific wrong that may be committed by persons in favor of any medical sect whatever.

At the meeting of the National Eclectic Medical Association in Indianapolis it was decided that a committee should be

appointed with the object of procuring expressive and fair presentations of the Eclectic cause, presented in as condensed form as possible, both to the medical professions of America, regardless of sect, and to the people who depend upon the professions of medicine for their care in sickness and for guidance in health.

This committee, with this object, calls, therefore, upon the friends of therapeutic progress and fairness to present arguments for two condensed leaflets, one to be addressed to laymen and for promiscuous distribution by physicians, with the object of bringing to the people of America the altruistic cause to which Eclectics for one hundred years have devoted their thought and care in behalf of the best interests of the people; the other designed for the entire medical profession of America, with the object of disseminating authoritative information regarding the altruistic aim and object of the Eclectic school of medicine, which for nearly a century has devoted its thought and care to the development of the American materia medica. This, it may be remarked, is not for any selfish purpose whatever, but with the hope of serving the opportunities of the entire medical profession of America, in which the Eclectic school of medicine is an active part.

With this object, the committee asks argumentative contributions, each devoted separately to the object named, and each contribution as strong as it can be made for the purpose mentioned, one addressed to laymen, the other to the intelligent medical profession as a whole. Neither of these should consume more than 5000 words, and each should be a fair presentation of the efforts of the Eclectic school of medicine in behalf of both the American medical profession and the American people, and explanatory of the century of effort the Eclectic medical profession has made in behalf of the American laymen. Those responding to this call are requested to send their contributions to Dr. John K. Scudder, 630 W. Sixth St., Cincinnati, Ohio.

JOHN URI LLOYD,

J. A. MUNK,

J. K. SCUDDER,

I. K. SCUDDER,

Committee.

COLLEGE NOTES

By Herbert T. Cox, M. D.

A. Goff, M. D., graduate of C. E. M. C., 1913, who has a position as assistant physician at the Battle Creek Sanatorium at Healdsburg, Calif., recently spent her vacation in the city visiting friends and relatives. The doctor likes her position very much and is doing well.

Dr. Munk is continually receiving allotments of seeds and plants from the Bureau of Plant Industry and from various sources in the East, which he is planting in the botanical garden near Compton. The list of plants to be found there is steadily increasing both in numbers and variety. One section is devoted to desert plants of Arizona, which seem to thrive luxuriously in their new environment. The medicinal plants cover a wide range from very small herbs to large, stalwart trees, and from the swamp plant that likes to grow in the shade by the brook to the plant with dryer habits which thrives in the open space with plenty of sunshine. It is indeed interesting to view these various medicines in the crude form as the Indian or primitive gatherer of herbs would find them.

It is with great regret that we report that J. G. Rhodes, one of the Sophomores, has had to discontinue his studies for the time being, on account of ill health.

When the Journal adds its funny sheet we have a good candidate in the Freshman class for cartoonist, and an able assistant in the Junior class. Anybody desiring to have events of interest cartooned might apply to Mr. Slanker or Mr. Prince at the college. They draw anything that flies, runs or crawls or does neither.

The Sophomore mascot bulldog recently captured two prizes at the Dog Show. The Sophomores are prize winners even down to the mascot.

Dr. Riddle, who graduated from E. M. I., Cincinnati, and whom many will remember spent his freshman year at the C. E. M. C., has located at Aragon, N. M.

NEWS ITEMS

Dr. Lewis Lee, formerly of Seabright, Cal., is now located at Potter Valley, Cal.

Died—Mr. Jesse Mercer Battle, president of Battle & Co., St. Louis, on Sept. 16th, 1914.

Wanted—Location by Eclectic graduate of 1905, who has recently moved to California from the East.

Dr. Enoch Mather announces the removal of his office from Detroit, Mich., to 228 Gratiot avenue, Mount Clemens, Mich.

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ern part of California. Well-to-do community, good schools, churches, etc.; no competition. If interested inquire of this office.

BOOK REVIEW

MODERN SURGERY: DA COSTA

W. B. Saunders Co., Philadelphia.

This is not only the seventh edition, but it is also a resté and recopyrighted edition. In other words, a new book from cover to cover. By this means it is maintained as a standard, authoritative work on surgery. There are many strong admirers of Da Costa, and each will appreciate the necessity of having his latest thought.

EVEN KISSES

He—"They say there are microbes in kisses!"

She—"Yes; everything is adulterated nowadays!"—Sketchy Bits.

NO PLACE FOR IT

An Irishman visited a tuberculosis exhibit, where lungs in both healthy and diseased conditions were displayed preserved in glass jars. After carefully studying one marked "Cured tuberculosis lung," he turned to the physician and said:

"Perhaps it's because Oi'm Irish, but if ye cured th' patient, how could ye have his lung in a bottle?"—Lippincott's.

A SHORT STAY ONLY

Prospective Patient—"What are your charges, doctor?"

Doctor—"Half a crown a visit."

Prospective Patient—"Ah, but we don't want you to come on a visit; we only want you to stay ten or fifteen minutes."—Leslie's Weekly.

A MEDICINAL MARATHON

Irate Doctor (finding bottle of quack medicine)—"Why didn't you tell me you were taking this wretched stuff?"

Patient—"Well, it was my misses, sir. She says, I'll dose you with this, and doctor he'll try his stuff, and we'll see which'll cure you first."—Punch.

Short-sighted Doctor (with his hand on the patient's bed-post)—"You say you feel feverish? But your forehead, my dear fellow, is as cool as it can be."—Bon Vivant.

THE CALIFORNIA ECLECTIC MEDICAL JOURNAL

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AND

The California Medical Journal

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1914

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CLUB RATES

The various Eclectic publishers have decided to renew their special club offers to April 1, 1914, on a straight 10 per cent reduction, where two or more journals are ordered at one time. If you are not familiar with any of these journals, samples may be obtained on request.

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Eclectic Medical Review, 242 W. 73rd St., New York, N. Y.....	1.00	.90
Ellingwood's Therapist, 32 N. State St., Chicago, Ill.	1.00	.90
National E. M. A. Quarterly, 630 W. 6th, Cincinnati, Ohio	1.00	.90
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